PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notificat	form should be used for correspondence including d below or directed of ions.	or tran ng the l nerwise	smitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and PUBLIC rders and notification a) specifying a new o	CATI of n	ON FEE (if requinaintenance fees we pondence address;	ired). B vill be r and/or	locks 1 through 5 st nailed to the current (b) indicating a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
22428 7590 07/06/2010									mission	
FOLEY AND LARDNER LLP SUITE 500 3000 K STREET NW						Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
WASHINGTON, DC 20007									(Depositor's name)	
									(Signature)	
									(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVE				ATTOF	RNEY DOCKET NO.	CONFIRMATION NO.	
10/593,558	09/20/2006			Yoshihiro Ichikawa			046262-0137		1633	
TITLE OF INVENTION: DISK CHANGER										
APPLN. TYPE	SMALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE I	OUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	ИО		\$1510	\$300		\$0		\$1810	10/06/2010	
EXAMINER		ART UNIT		CLASS-SUBCLASS	S					
GARCIA, CARLOS E		2627		369-030780						
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list										
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to						
PTO/SB/47; Rev 03-02 Number is required.	2 registered patent listed, no name wi	t attor	neys or agents. If i	no name	e is 3					
B. ASSIGNEE NAME AN	ND RESIDENCE DATA	TO BI	E PRINTED ON T	THE PATENT (print o	or typ	e)		· · · · · · · · · · · · · · · · · · ·		
PLEASE NOTE: Unle	ess an assignee is identi in 37 CFR 3.11. Comp	fied be	low, no assignee of this form is NO	data will appear on t Γa substitute for filing	he pa g an a	itent. If an assigne	ee is ide	entified below, the do	ocument has been filed for	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
PIONEER CORPORATION Tokyo, Japan										
Please check the appropria	ate assignee category or	categor	ries (will not be pri	inted on the patent):		Individual 🛚 Co	rporatio	on or other private gro	up entity Government	
4a. The following fee(s) a	re submitted:		4b	. Payment of Fee(s): ((Plea	se first reapply an	y previ	ously paid issue fee s	hown above)	
Issue Fee ☐ A check is enclosed. ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.										
					nereby authorized to charge the required fee(s), any deficiency, or credit any Deposit Account Number 19-0741 (enclose an extra copy of this form).					
				overpayment, to I	Depós	sit Account Number	r_19-	-0741 (enclose an	extra copy of this form).	
5. Change in Entity State a. Applicant claims	us (from status indicated SMALL ENTITY statu			☐ b. Applicant is no	o long	ger claiming SMAL	L ENT	ITY status. See 37 CF	R 1.27(g)(2).	
				from anyone other th	han th	ne applicant; a regis	stered at	ttorney or agent; or the	e assignee or other party in	
interest as shown by the re	ecords of the Cinted State	4	nt and Tracemark	ome.				OED 2 0 2040	· · · · · · · · · · · · · · · · · · ·	
Authorized Signature _			Date		JLI 2 3 2010					
Typed or printed name			Registration N							
This collection of informa in application. Confidenti submitting the completed his form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231	tion is required by 37 C ality is governed by 35 application form to the ms for reducing this bur rginia 22313-1450. DO 3-1450.	FR 1.31 U.S.C. USPTO den, sho NOT S	11. The information 122 and 37 CFR 20. Time will vary ould be sent to the SEND FEES OR C	n is required to obtain 1.14. This collection i depending upon the i c Chief Information O COMPLETED FORM	or reis esti indivi Office IS TC	etain a benefit by the mated to take 12 n idual case. Any con r, U.S. Patent and THIS ADDRESS	ne publi ninutes mments Fradema . SEND	c which is to file (and to complete, including on the amount of tim ark Office, U.S. Depa TO: Commissioner f	by the USPTO to process) g gathering, preparing, and the you require to complete trument of Commerce, P.O. or Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.